



COLORADO
Department of Health Care
Policy & Financing

1570 Grant Street
Denver, CO 80203

2022 HCPF Legislative Agenda Overview

December 2021

PACE Oversight and Accountability

PACE is an all-inclusive benefit for older adults who need long term services and supports. PACE provides a comprehensive medical and social service delivery system, and uses an interdisciplinary team approach. This bill will authorize the Department to work with stakeholders to develop a recommendation to evolve federal oversight requirements and improve the state PACE oversight structure and process. The bill will require the Department to conduct stakeholder engagement from PACE organizations, advocacy groups, ombudsman, the Department of Regulatory Agencies (DORA) and the Colorado Department of Public Health and Environment (CDPHE). Currently, oversight of PACE is conducted by the federal Centers for Medicare & Medicaid Services, the Department, and CDPHE. Ultimately, this bill will create a recommendation for a more efficient, effective and transparent oversight structure, leveraging what is already in place.

Redesign Medicaid Provider Rate Review Advisory Committee (MPRRAC)

Established in 2015, the MPRRAC provides input to the Department related to provider reimbursements, rate setting and rate review under the Medicaid program. This proposal will redesign the MPRRAC to increase its effectiveness and efficiency, while ensuring providers, consumers and stakeholders have an opportunity to provide input during the rate review process. The Department will work closely with the Joint Budget Committee on this bill; the proposal may include changes to the MPRRAC membership, reporting requirements and timing, review schedule and operations, as well as other topics.

Increased Hospital Transparency

On January 1, 2021, a federal rule went into effect that requires hospitals to disclose their prices for common, shoppable services (meaning consumers can schedule them in advance) and to provide the prices for all services in a machine-readable file. The rule is intended to increase transparency, allow consumers and employers greater choice and, eventually, drive



prices down. So far, the information currently available is difficult for consumers, employers, municipalities and purchasing organizations to find, fully understand and utilize in a way that drives lower prices and health care affordability.

This proposal will help enforce the federal requirements by requiring the data be available in an easy to understand format and submitted to HCPF for publication. Along with the data HCPF is already collecting, analyzing and publishing about hospital financials and community benefits via HB19-1001 and HB19-1320, the addition of hospital price data will provide a more complete picture for consumers, employers, purchasing organizations and policy makers of the value and efficiency of Colorado's hospitals. It will provide insights into price variation between hospitals for individual procedures (i.e.: colonoscopy, hip replacement, birth) and for procedural bundles (all component parts of the procedure and the aggregate procedure price). Prices will be captured by payer (i.e.: Cigna, Anthem, Aetna, Kaiser, United, Medicaid, etc.) for the facility contracts with each payer, as well as those prices charged by hospital owned providers, such as doctors, anesthesiologists, radiologists and other professionals who impact the price of care delivered to consumers, employers and municipalities via a hospital.

Medicaid Adjusted Gross Income Compliance with Federal Requirements

In 2019, the Office of the Colorado State Auditor found that the Department's statutory Medicaid adjusted gross income eligibility requirements do not meet current federal requirements, despite the Department applying the federal requirements to its eligibility process and procedures. This proposal will address the audit finding, bring Colorado into compliance with federal requirements, and mitigate future compliance issues.

For more information contact

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